

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION	TH	386	4/15/98
O.I.P.E. CLASSIFIER		8	11-16-97
FORMALITY REVIEW		71471	5/5

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	11/3/97 12/14/97
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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Best Available Copy